

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			↓
TOTAL DEP.			←	41	←	←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.					↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS			47			